

State of Tennessee	Court _____ (Must Be Completed)	County _____ (Must Be Completed)
Request to Postpone Filing Fees and Order		File No. _____ (Must Be Completed) Division _____ (Large Counties Only)
Plaintiff _____ (Name: First, Middle, Last) of Spouse Filing the Divorce)		
Defendant _____ (Name: First, Middle, Last of the Other Spouse)		

If you think you cannot afford to pay the filing fees at this time:

- Fill out this form, **and**
- File it with your Request for Divorce.

① **Your Information:**

Address:

Street Address City State Zip

Telephone Numbers:

(Home) (Work) (Cell)

Birth Date: (MM/DD/YYYY): _____

② **Dependents:**

List your children below. Include your biological, adopted, step-, and foster children. Also list other dependent relatives if they live with you for at least 6 months of the year, and who are:

- **under age 19,**
- **under age 24 if full-time students (must live with you at least 5 months of the year), or**
- **any age with a permanent disability.**

Name	Age	Relationship

③ **Employment:** If you are working now, fill out below. If you are **not** working now, check here:

Employer's Name: _____

Employer's Address: _____
Street Address

City State Zip

How much do you earn after taxes are deducted?

\$ _____ Each (Check **One**): Week Month Other: _____

④ **Other Income:** List **any** other income that you get now or expect to get.

SOURCE OF INCOME **HOW MUCH DO YOU GET?** **SOURCE OF INCOME** **HOW MUCH DO YOU GET?**

<input type="checkbox"/> AFDC	\$ _____ / month	<input type="checkbox"/> Unemployment	\$ _____ / month
<input type="checkbox"/> Social Security	\$ _____ / month	<input type="checkbox"/> Worker's Comp.	\$ _____ / month
<input type="checkbox"/> Retirement	\$ _____ / month	<input type="checkbox"/> Other*	\$ _____ / month
<input type="checkbox"/> Disability	\$ _____ / month	<input type="checkbox"/> SSI	\$ _____ / month

***Explain Sources of Other Income Here:**

OTHER INCOME:

⑤ **Assets:** List all assets that you own separately, with your spouse, or with someone else:

ASSET TYPE:	FAIR MARKET VALUE	MONEY STILL OWED	BALANCE
1. Car, truck, or other vehicle			\$ _____
2. Other car, truck, or other vehicle			\$ _____
3. House, condominium, land			\$ _____
4. Other house, condominium, land			\$ _____

LIST ALL BANK/FINANCIAL ACCOUNTS BELOW:

Bank name	Account #	Balance
1.		\$ _____
2.		\$ _____
3. Cash		\$ _____
Total:		\$ _____

Other Assets: _____

⑥ Expenses:

	How much each month?		How much each month?
<input type="checkbox"/> Rent/House Payment	\$ _____	<input type="checkbox"/> Gas	\$ _____
<input type="checkbox"/> Phone	\$ _____	<input type="checkbox"/> Child Care	\$ _____
<input type="checkbox"/> Groceries	\$ _____	<input type="checkbox"/> Court-ordered Child Support	\$ _____
<input type="checkbox"/> School Supplies	\$ _____	<input type="checkbox"/> Transportation	\$ _____
<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Medical/Dental	\$ _____
<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Other	\$ _____

⑦ Debts:

1. _____
Who do you owe? _____ How much do you owe? _____
2. _____
Who do you owe? _____ How much do you owe? _____
3. _____
Who do you owe? _____ How much do you owe? _____
4. _____
Who do you owe? _____ How much do you owe? _____
5. _____
Who do you owe? _____ How much do you owe? _____
6. _____
Who do you owe? _____ How much do you owe? _____

⑧ I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF TENNESSEE THAT:

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

Sign here: _____ Date: _____

JUDGE'S ORDER:

Based on the information above and the Plaintiff's answers (check **one**):

- This Request is **approved**, and the Plaintiff may file without paying the filing fees at this time.
- This Request is **denied** because (explain): _____

This Order is made on (Date): _____ by: _____
Judge's Signature